Dal	in this information to identify your calls	10							
Dei	Paul V. Hart	er			=				
T	otor 2 buse, if filing)				-				
Uni	ited States Bankruptcy Court for the	: MIDDLE DISTRICT C	F PENNSYLVANIA		<u> </u>				
Cas	se number 1:17-bk-01670					Check if this is:	:0		
(If k	nown)		7			An amende	ed filing		
								g postpetition chapte ollowing date:	
0	fficial Form 106I					MM / DD/ Y	YYYY		
S	chedule I: Your Inc	ome						12	
	t1: Describe Employment Fill in your employment	on the top of any additi		THE THE PARTY OF T	- unu				
	information.	Debtor 1		Debto			r 2 or non-filling spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed				☐ Employed ☐ Not employed		
		Occupation	Sales						
	Include part-time, seasonal, or self-employed work.	Employer's name	Gravity Diagnostics 632 Russell Street Covington, KY 41011						
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here? 3 Mont	ns					
		non long employed t							
Par	t 2: Give Details About Mor	S 18 75							
sti pou	mate monthly income as of the da use unless you are separated. u or your non-filing spouse have monthly spouse have been have	ate you file this form. If	you have nothing to re		employ	ers for that perso	on on the li	nes below. If you nee	
sti pou	mate monthly income as of the da use unless you are separated. u or your non-filing spouse have mo	ate you file this form. If	you have nothing to re		employ		on on the li		
sti pou	mate monthly income as of the da use unless you are separated. u or your non-filing spouse have mo	ate you file this form. If one than one employer, countries form.	you have nothing to nothing to not not not not not not not not not		employ	ers for that perso	on on the li	nes below. If you nee	
sti por yo	mate monthly income as of the da use unless you are separated. u or your non-filing spouse have mo e space, attach a separate sheet to List monthly gross wages, salar	ate you file this form. If one than one employer, countries form. Try, and commissions (becalculate what the month)	you have nothing to nothing to not not not not not not not not not	n for all e	employ	ers for that person	For Del	nes below. If you nee btor 2 or ng spouse	

Official Form 1061

Schedule I: Your Income

page 1

Deb	ebtor 1 Paul V. Harter			Case number (if known)		1:17-bk-01670		
				For Debtor 1		For Debtor 2 or non-filing spouse		Į.
	Сор	y line 4 here	4.	\$	4,000.00	\$	spouse N/A	Maria -
5.	Link			0.0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1.00	
э.		all payroll deductions:		. 1				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	681.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e. 5f.	Insurance Domestic support obligations	5e.	\$	0.00	\$	N/A	
	5g.	Union dues	5f.	\$_ \$	0.00		N/A	, in an analysis of the second
	5h.	Other deductions. Specify:	5g. 5h.+		0.00	\$	N/A	
27			- 500		0.00		N/A	1
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	681.00	s	N/A	<u>\</u>
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,319.00	\$	N/A	\
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	s	0.00	s	N/A	
	8b.	Interest and dividends	8b.	s	0.00		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	s	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	S	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	s	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	S	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	
).	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$N/A		A
0.		귀하다가 하다 아이들이 가면 가면 가면 가면 가면 하다 하다 하나 하는 사람들이 살아 있다.	10. \$	3	3,319.00 + \$	N/A	= \$	3,319.00
a i		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					-	
1.	Inclu	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a sify:	depen		1	ted in Schedu	le J. +\$	0.00
2.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is th Liabii	e com lities a	bined monthly nd Related Dat	income. a, if it 12.	\$	3,319.00
3.	Do y	ou expect an increase or decrease within the year after you file this form?	,				Combi	ned ly income
		No.						

Official Form 106I

Schedule 1: Your Income

page 2